

Name
in
Full

Peter Andrew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Dear Denton County Caroline
Died Dec 9 1909 Month Sept. Day 3 Years 68 Month Day
Date of death 1909 Sex Male Color or Race White Birth-place Md.
Occupation Worker Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Mary Butler
Father's Name Thomas H. Butler Father's Birthplace Ireland
Mother's Maiden Name Sarah E. Wright Mother's Birthplace Md.
Name of person giving Information Peter Andrew How related to deceased
Information Son

PHYSICIAN
OR CORONER

CAUSES OF DEATH

79

Primary

Heart & complications 20 yrs.

Immediate

Don't know

How long

Are the name, age, sex, color, date and place correctly given above?

yes,

Signature of
Physician

Address

L. W. Simmey
Denton Md.

Accident or Suicide

Name
in
Full

Louise A. Matthews Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
See	Color or Race	Age	61	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	J. Alice Armstrong		
Father's Name	Beverly C. Matthews				
Mother's Maiden Name	Harriet D. Young				
Name of person giving information	Ernest Armstrong				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

64

How long

Primary

How long

Immediate

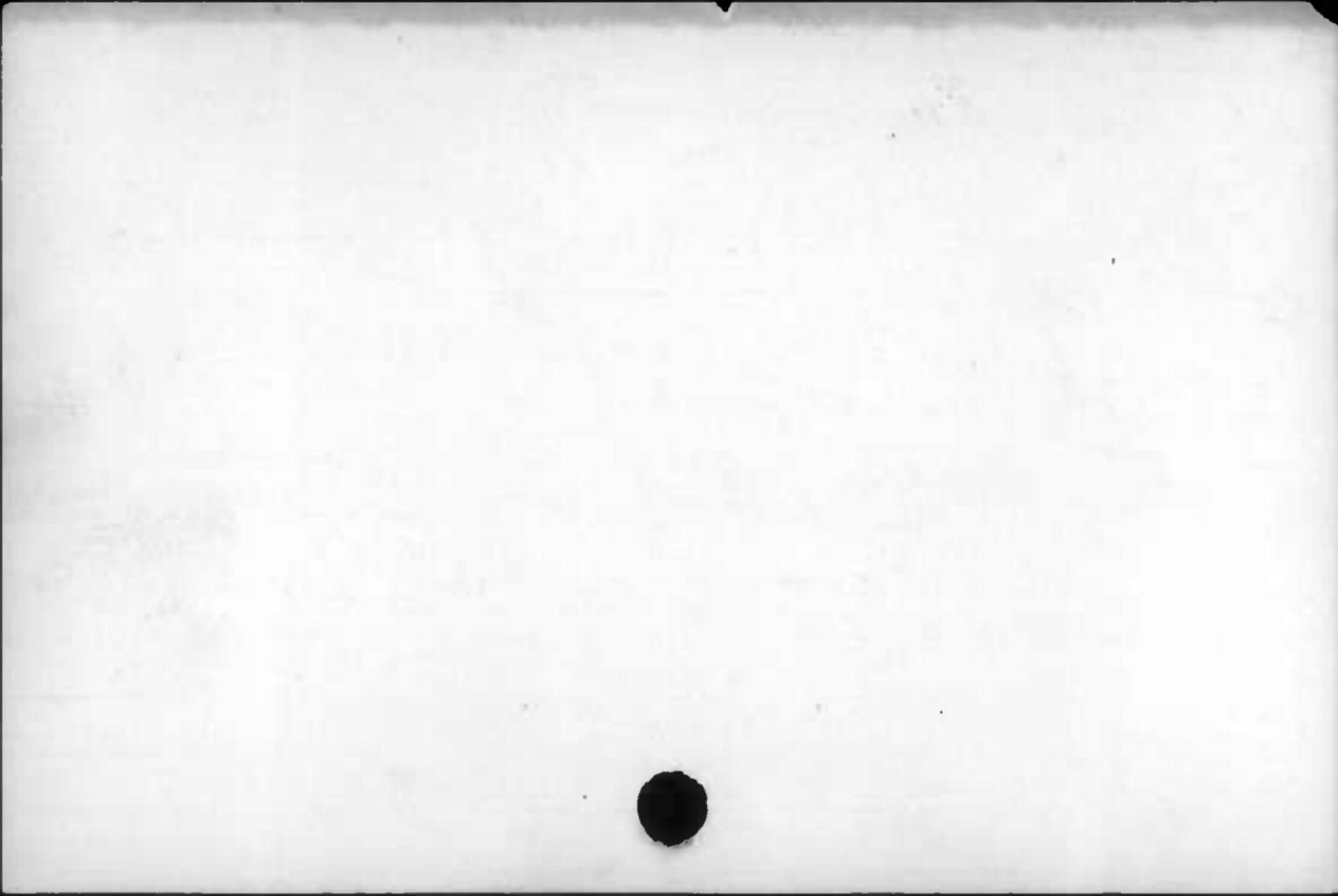
2 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Myrtle E Bailey

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Garrison	Caroline					
Date of death	1909	Month 9	Day 20	Age 21	Years 21	Months 11	Days 22
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Phone Operator		Where Residing if not at place of death		Garrison		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Charles E Bailey				Father's Birthplace	Md	
Mother's Maiden Name	Mary P Guff				Mother's Birthplace	Md	
Name of person giving information	Chas E Bailey				How related to deceased	Father	

CAUSES OF DEATH

①

Primary	Typhoid fever		How long	Garrison
Immediate	Abdominal hemorrhage		How long	Same
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Wallace	
		Address	Garrison and	
Accident or Suicide?				

26

1000

1000 mph

Name
in
Full

Virginia Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>near Greenbriar</u> Town			County <u>Carrabelle</u>		MARYLAND	
Date of death 1909	Month Sept	Day 12	Age 10	Years	Months	Days
Sex Female	Color or Race	Occupation		Birthplace	-	

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Geo. A. Black

Father's
Birthplace

Md

Mother's
Maiden Name

Clara Travis

Mother's
Birthplace

DC

Name of person giving
Information

Geo A Black

How related
to deceased

Father

CAUSES OF DEATH

1

Primary

By skin from
trichinosis

How long

2 weeks

Immediate

(trichinosis)

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. Bellair
Greenbriar
Md

Accident or Suicide?



Maggie Bradley

CERTIFICATE OF DEATH

Town		County		MARYLAND	
Died at	Baltimore Corner	Caroline			
Date of death	1909 Sept	Month	Day	Years	Months
	23		Age	30	5
Sex	Female	Color or Race	White	Birth-place	Baltimore Corner
Occupation	House Wife				
		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Walter Bradley		
Father's Name	George Glanden				
Mother's Maiden Name	Elizabeth Comingers				
Name of person giving Information	Walter Bradley				

CAUSES OF DEATH

Primary

Child Birth

Immediate

Pulmonary Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

27

How long

Feb 16th 1909

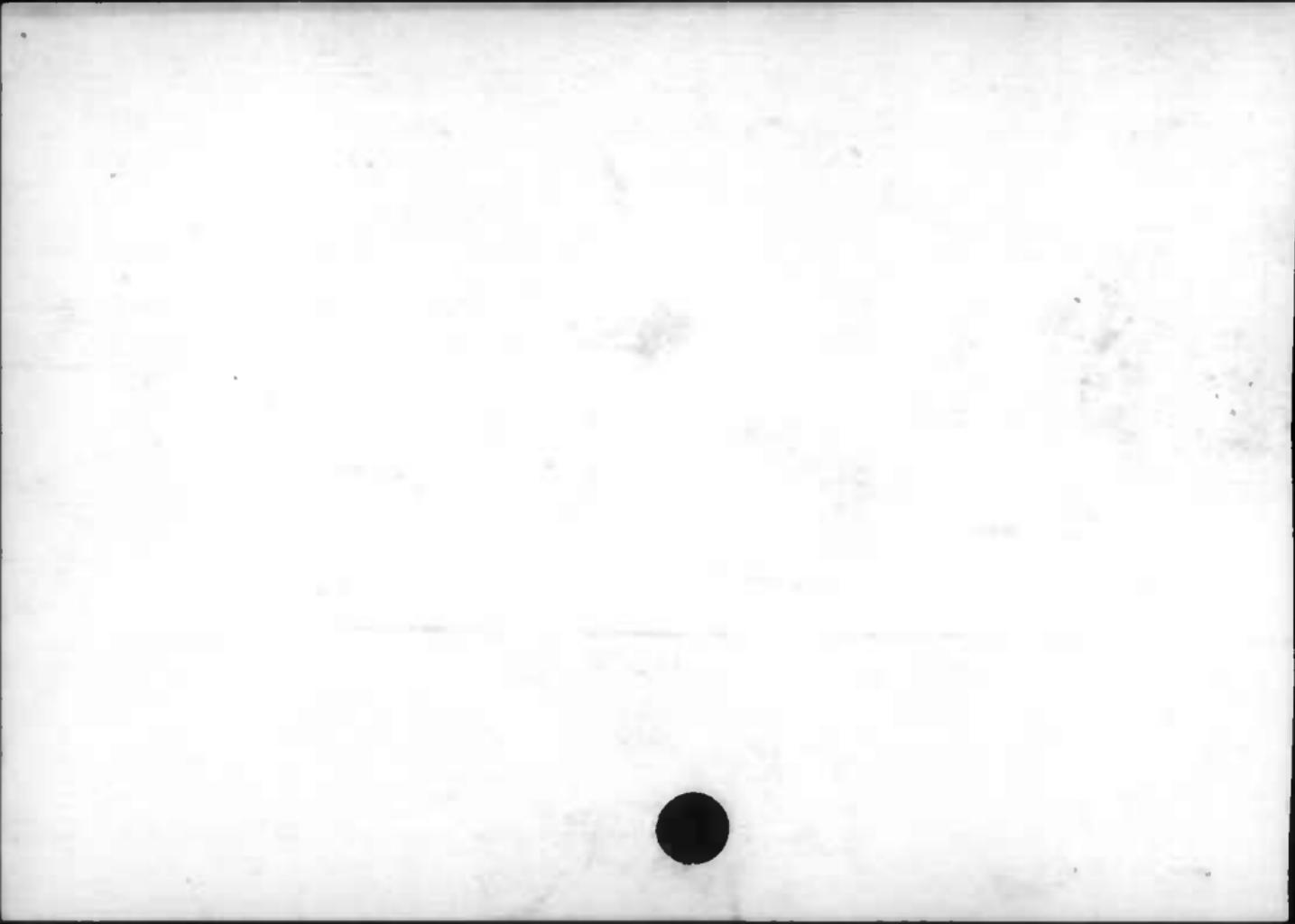
How long

Eight months.

Walter S. Henby, M.D.
Centreville, R.R. No. 4, Md.

Accident or Suicide

Neither



Name
in
Full

William St. Cohay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at near Hyson		Caroline			
Date of death	Month	Day	Years	Months	Days
1909	Sept	3	78	6	-
Sex	Color or Race	white			
male		Birth-place Caroline Co. Md.			
Occupation	Where Residing if not at place of death				
Farmer	Sarah E. Cohay				
Married, Single or Widowed	Name of Wife or Husband				
married	Sarah E. Cohay				
Father's Name	Father's Birthplace Philadelphia, Pa.				
Yorry Cohay					
Mother's Maiden Name	Mother's Birthplace Caroline Co. Md.				
Don't know					
Name of person giving Information	How related to deceased				
William St. Cohay	son				

CAUSES OF DEATH

154

How long

Primary

old age

Immadiate

Heart Failure

How long

-

Are the name, age, sex, color, date and place correctly given above?

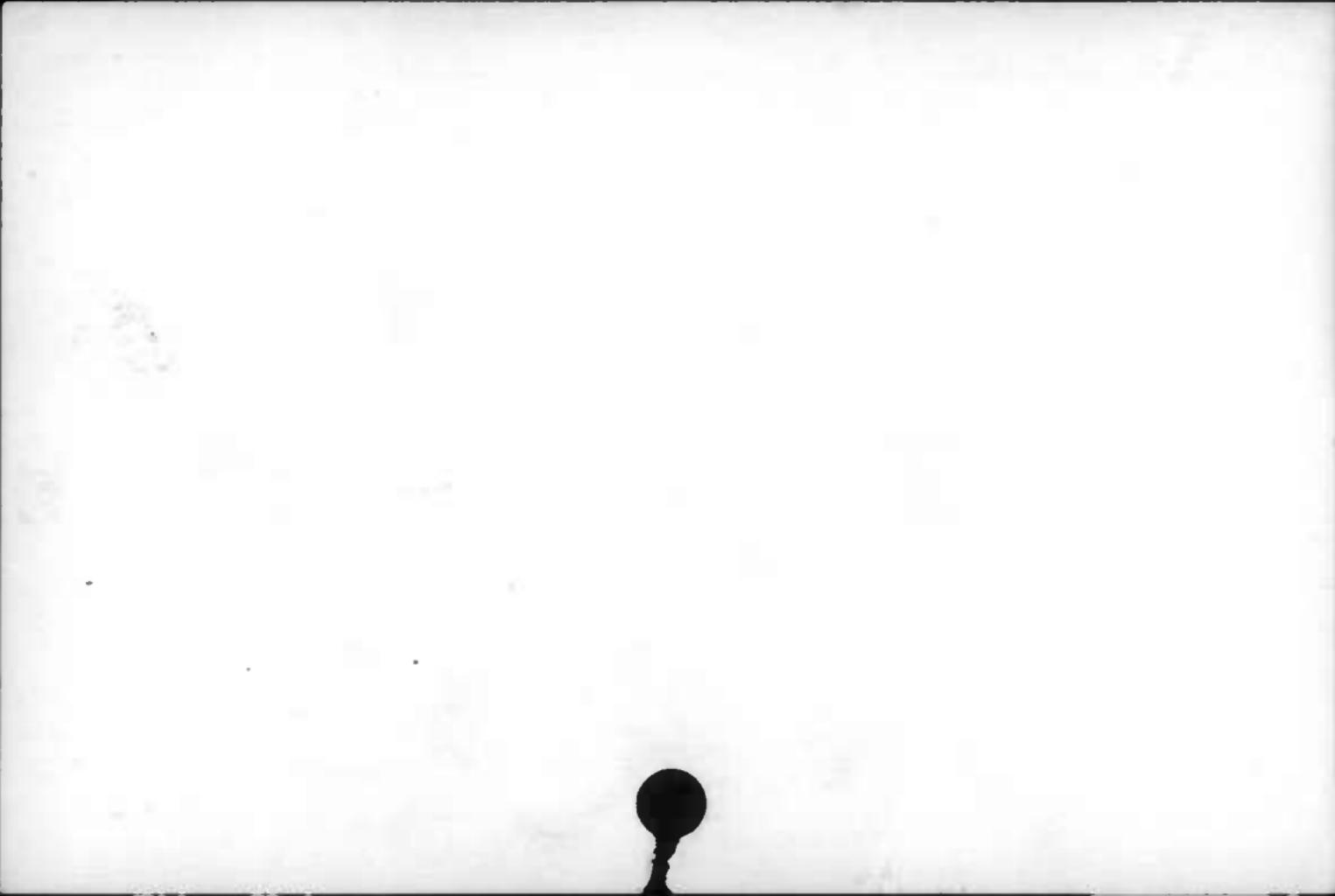
Yrs

Signature of
Physician

Address

L. Foster
Preston
Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Addie May Ellwanger

CERTIFICATE OF DEATH

Town

County

MARYLAND

Deatht

Month

Day

Years

Months

Days

Date
of death

909

Month

9th

Day

8th

Years

31

Months

10

Days

27

Sex

Female

Color or
Race

White

Birth-
place

Burrsdale

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Jacob E Ellwanger

Father's
Birthplace

Burrsdale

Father's
Name

Arlington P. Peper

Mother's
Maiden Name

Hannah P. Peper

Mother's
Birthplace

Granada Ad

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

66

How long

5 weeks

How long

—

Primary

Paralysis

Immediate

Same

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

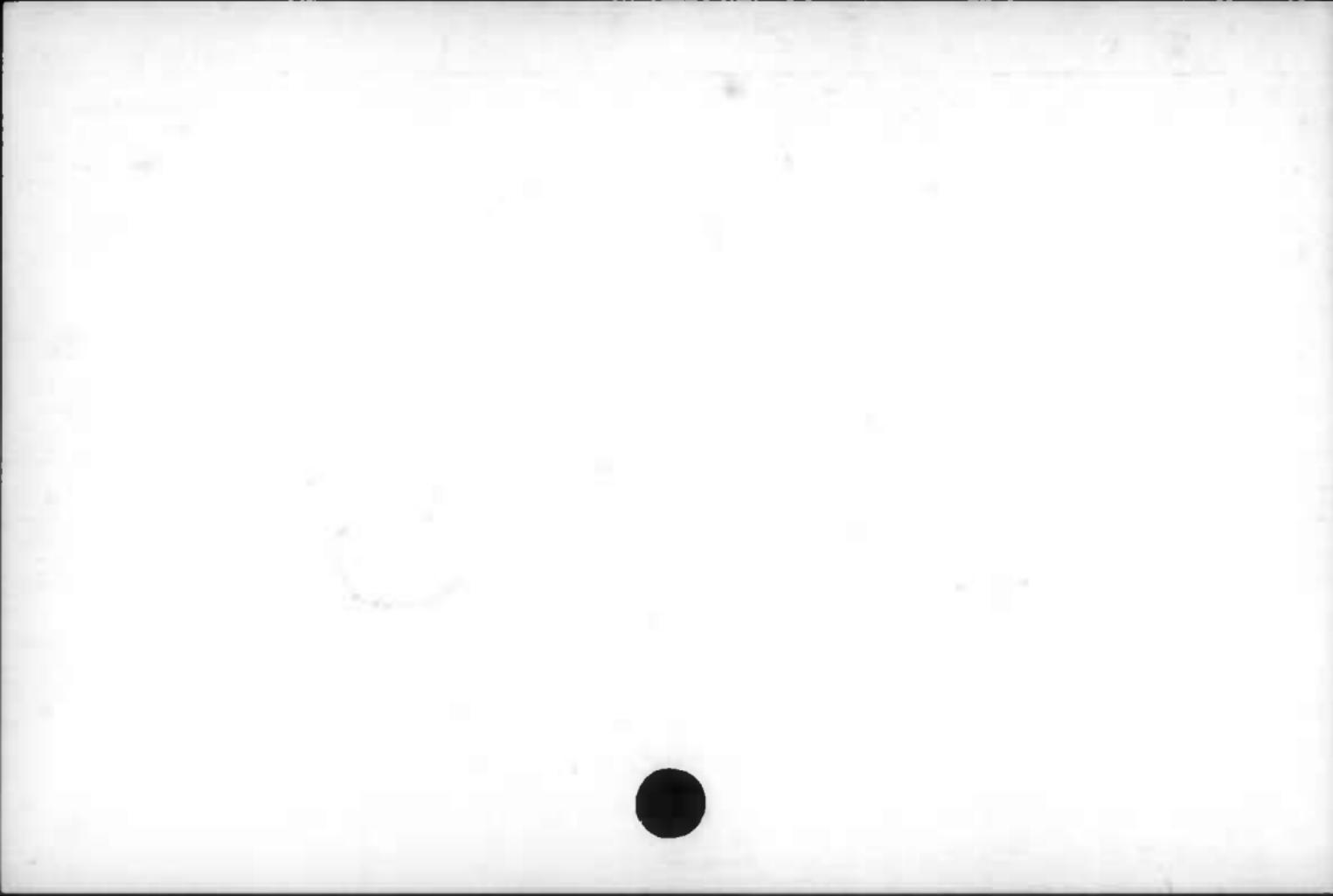
P.R. Fisher

Deatht

MD

Accident or Suicide

MD



Name
in
Full

Harriet P. Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Denton	Caroline			
Date of death	Month	Day	Years	Months	Days
1909	Sept.	30	76	5	16
Sex	female	Color or Race	White	Birth-place	Dorchester
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Daniel Fields		
Father's Name	Isaac Wright		Father's Birthplace	Dorchester	
Mother's Maiden Name	Anne Jackson		Mother's Birthplace	Virginia	
Name of person giving Information	Minnie Skinner		How related to deceased	Daughter	

Fractional to a fall.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Fractional of hip

Immediate

Sustentia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Fracture

164

How long

4 months

How long

6 weeks

P.R. Skinner

Denton

MD

0, 70-10

Name
in
Full

Grace Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Preston</u>		Town <u>Caroline</u>		County <u>-</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>21</u>	Age	Years	Months	1	21
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>New</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>New</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Not any</u>						
Father's Name <u>Wm Foster</u>	Father's Birthplace <u>W</u>						
Mother's Maiden Name <u>Arizella Murray</u>	Mother's Birthplace <u>W</u>						
Name of person giving information <u>Wm Foster</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Morganism

How long

7 days

Immediate

Respiratory Disease

How long

Are the name, age, sex, color, date and place correctly given above?

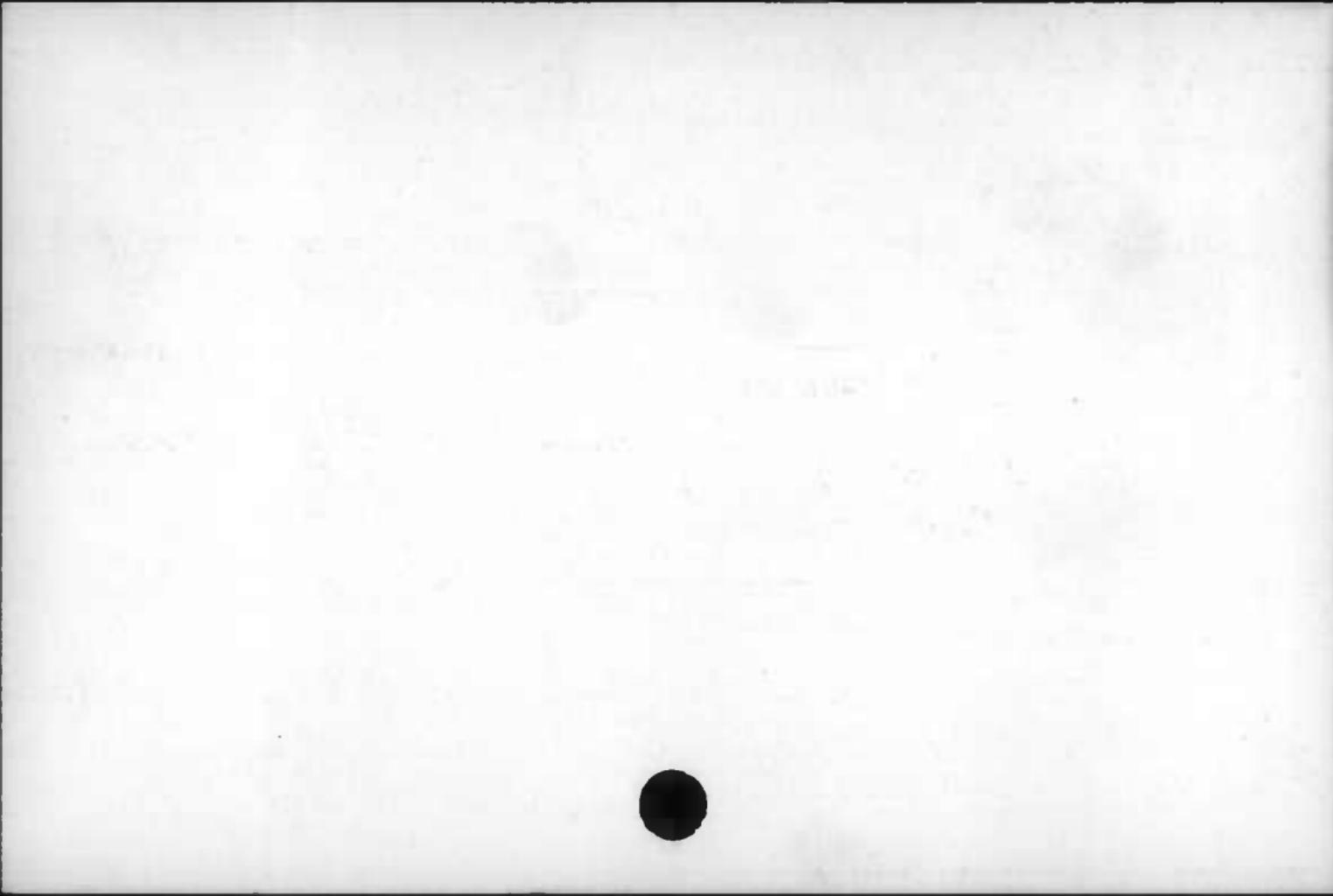
Signature of
Physician

Address

Hayward Dawson

New Preston

Accident or Suicide?



Name
in
Full

Mildred Lora French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ridgely	Caroline		3	28	
Date of death	Month	Day	Years	Months	Days
1909	Sept	2	Age	3	28
Sex	Color or Raca	Whites	Birthplace	Ridgely	
Female					
Occupation	Whara Reslding if not at place of daath				
Married Single Widowed	Name of Wife or Husband				

Married Single
Widowed

Name of Wife or Husband

Father's Name

John B. French

Father's Birthplace

Dela

Mother's Maiden Name

Bulu Breeding

Mother's Birthplace

Maryland

Name of person giving information

John B. French

How related to deceased

Father

CAUSES OF DEATH

Primary

Ecteroscolitis

105

How long

Six Weeks

Immediate

Exhaustion

How long

4 days.

Are the name, age, sex, color, date and place correctly givin above?

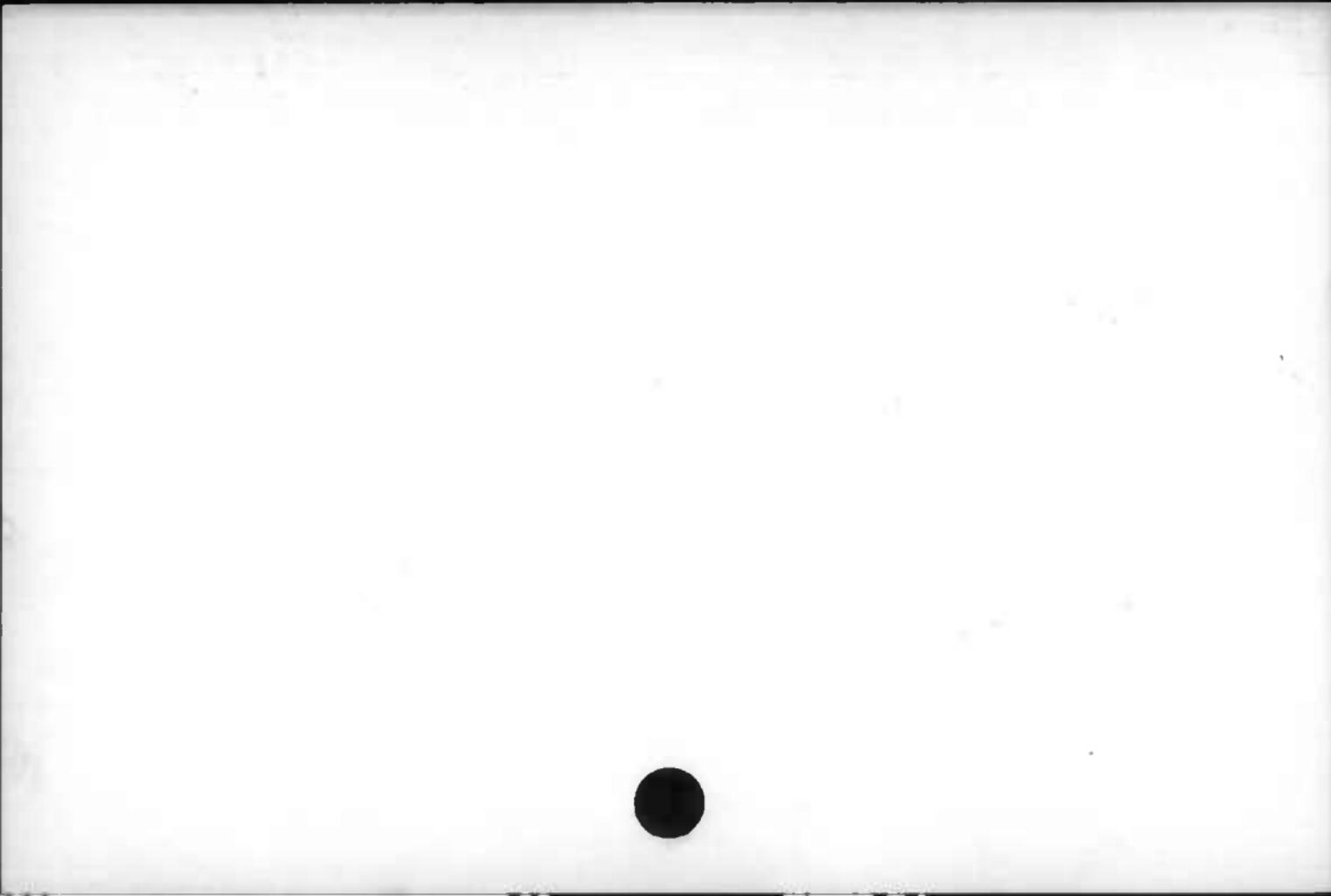
Yes

Signature of Physician

Wm. Canning M.D.
Ridgely, Md.

Address

Accident or Suicide



Name
in
Full

John Ezra Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Diad at	Greensboro	Caroline			
Date of death	1909	Month	Sept	Day	29
Age			Years		
Sex	Male	Color or Race	Black	Birth-place	Greensboro
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Howard Washington Gross				
Mother's Maiden Name	Mary Lewis				
Name of person giving Information	Howard Washington Gross				

CAUSES OF DEATH

Primary

Macasmus

179

How long

3 months

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

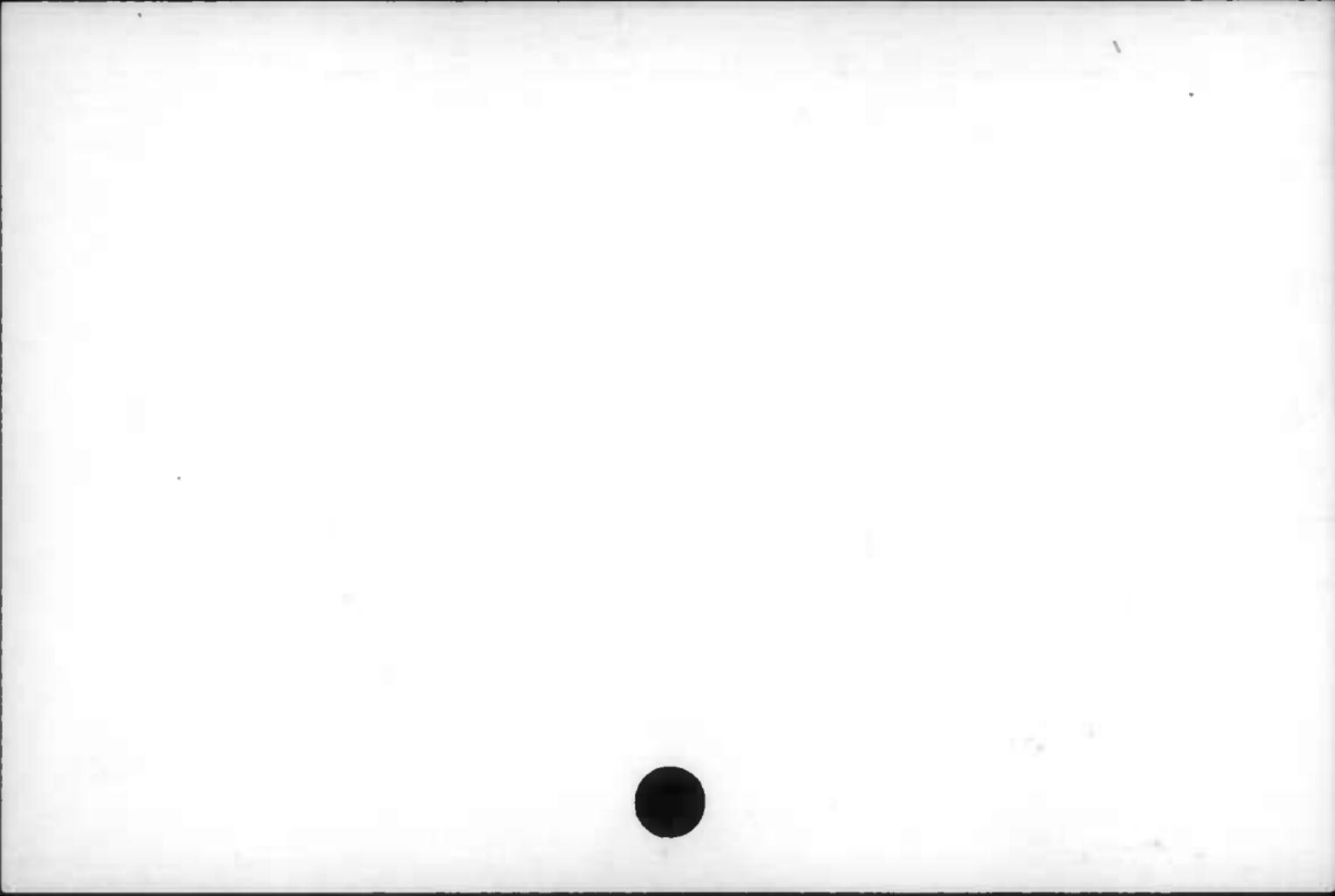
yes

Signature of Physician

Address

W. W. Goldsborough
Greensboro, Md.

Accident or Suicide



Name
in
Full

Albert Edward S. Hardy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909, 9	Month	Day	Years	Months	Days
Sex	M	Color or Race	Age	6	10	25
Occupation	-	Where Residing if not at place of death	Festus Farm, Festus, Md.			
Married, Single or Widow	Name of Wife or Husband		Albert S. Hardy			
Father's Name	-		John Fugate, Frederick Co.			
Mother's Maiden Name	Lucinda Nolte (deceased)		Evelyn Co.			
Name of person giving Information	F. S. Hardy,		John Fugate, Easter.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Thrombosis
Edema Lungs.

93

How long

1 week.

Immediate

2 days.

Are the name, age, sex, color, date and place correctly given above?

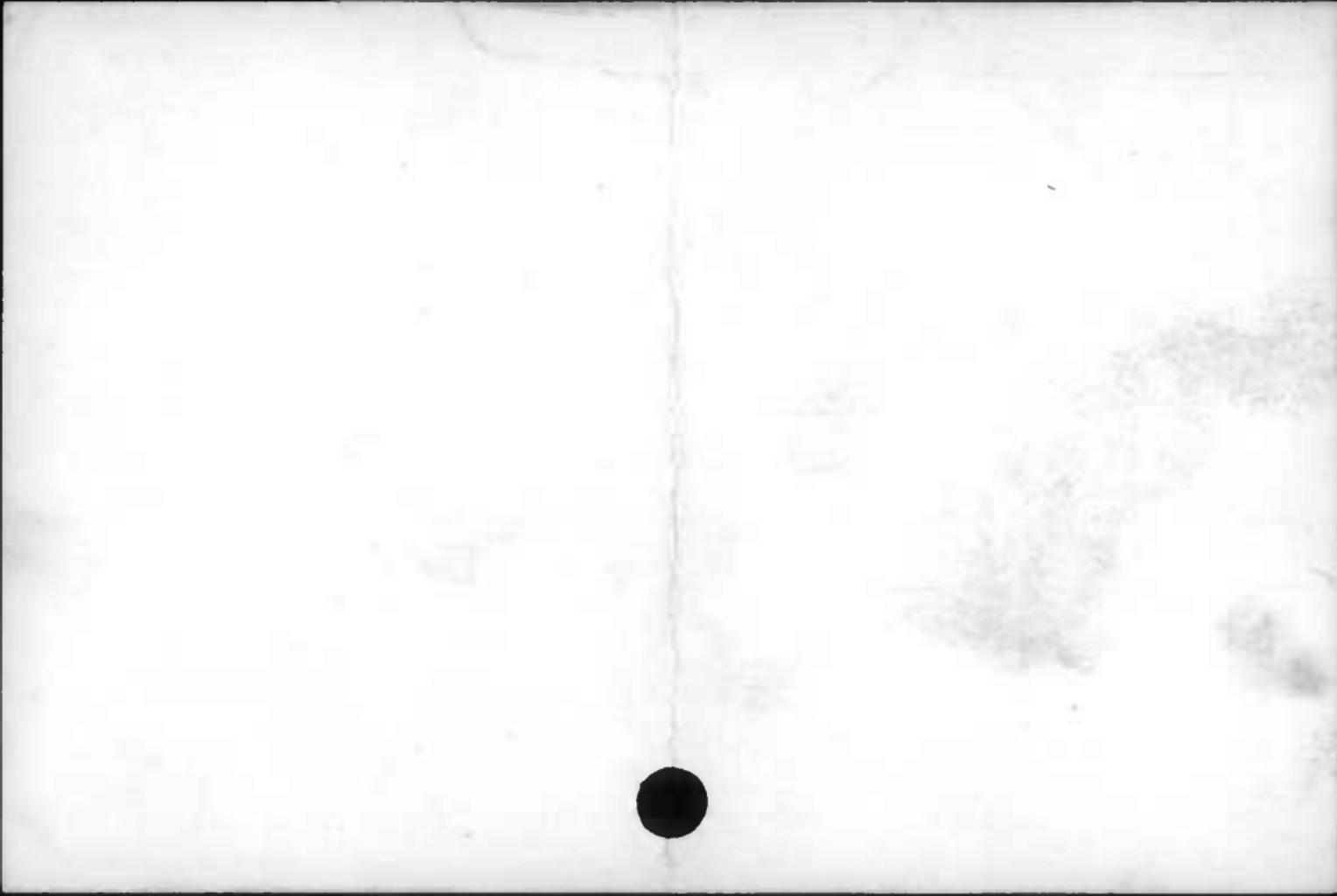
yes

Signature of Physician

Address

G. F. Gaboury
Festus, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Octavia Weyman Harry

CERTIFICATE OF DEATH

MARYLAND

Died et	Town	County			
Ridgely	Ridgely	Caroline			
Date of death	Month	Day	Years	Montha	Daya
190	Sept.	20	Age 26	11	24
Sex	Color or Race	Birth- place			
Female	Negro	Md -			
Occupation	Where Residing if not at place of death				
Housewife					
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Married	John E. Harry	Robt. S. Weyman	Md.		
Mother's Maiden Name	Alvyrta Wyatt	Mother's Name	Mother's Birthplace		
Name of person giving Information	John E. Harry	John E. Harry	Husband		

CAUSES OF DEATH

27

How long

How long

Primary

Ptyhysis Pulmonalis one year

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

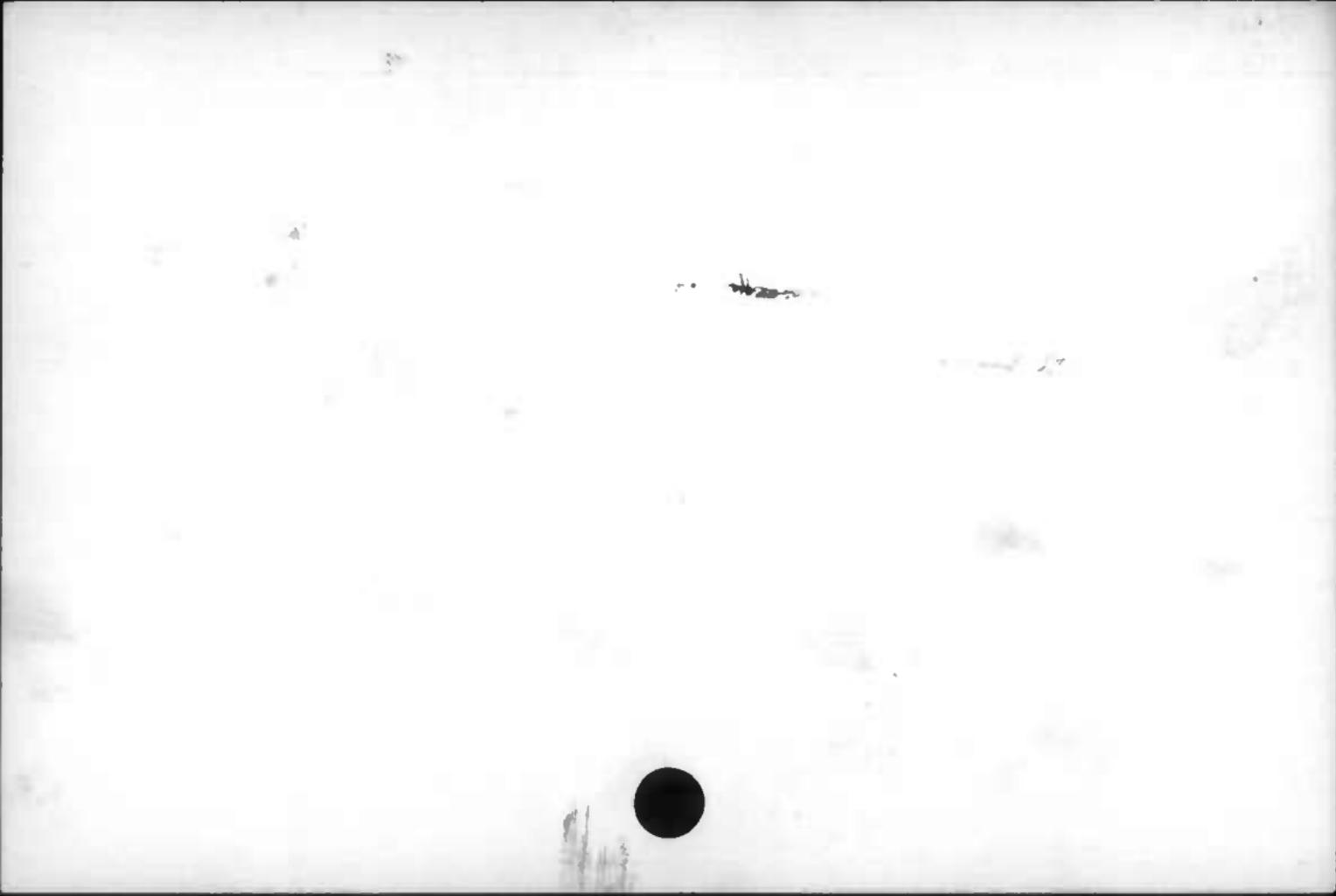
Signature of
Physician

Address

J. J. Stone M.D.
Ridgely
Md.

Accident or Suicide

No



Name
in
Full

Thelma Louise Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Denton

md

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909 Sept 22

Age 1 -

Sex

Female

Color or
Race

white

Birth-
place

Denton

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Bessie

Hubbard

Father's
Name

Oscar Hubbard

Father's
Birthplace

Denton

Mother's
Maiden Name

Bessie Safford

Mother's
Birthplace

Denton

Name of person giving
Information

Father

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cholera infantum

105

How long

3 weeks I think

Immediate

Brain involvement

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

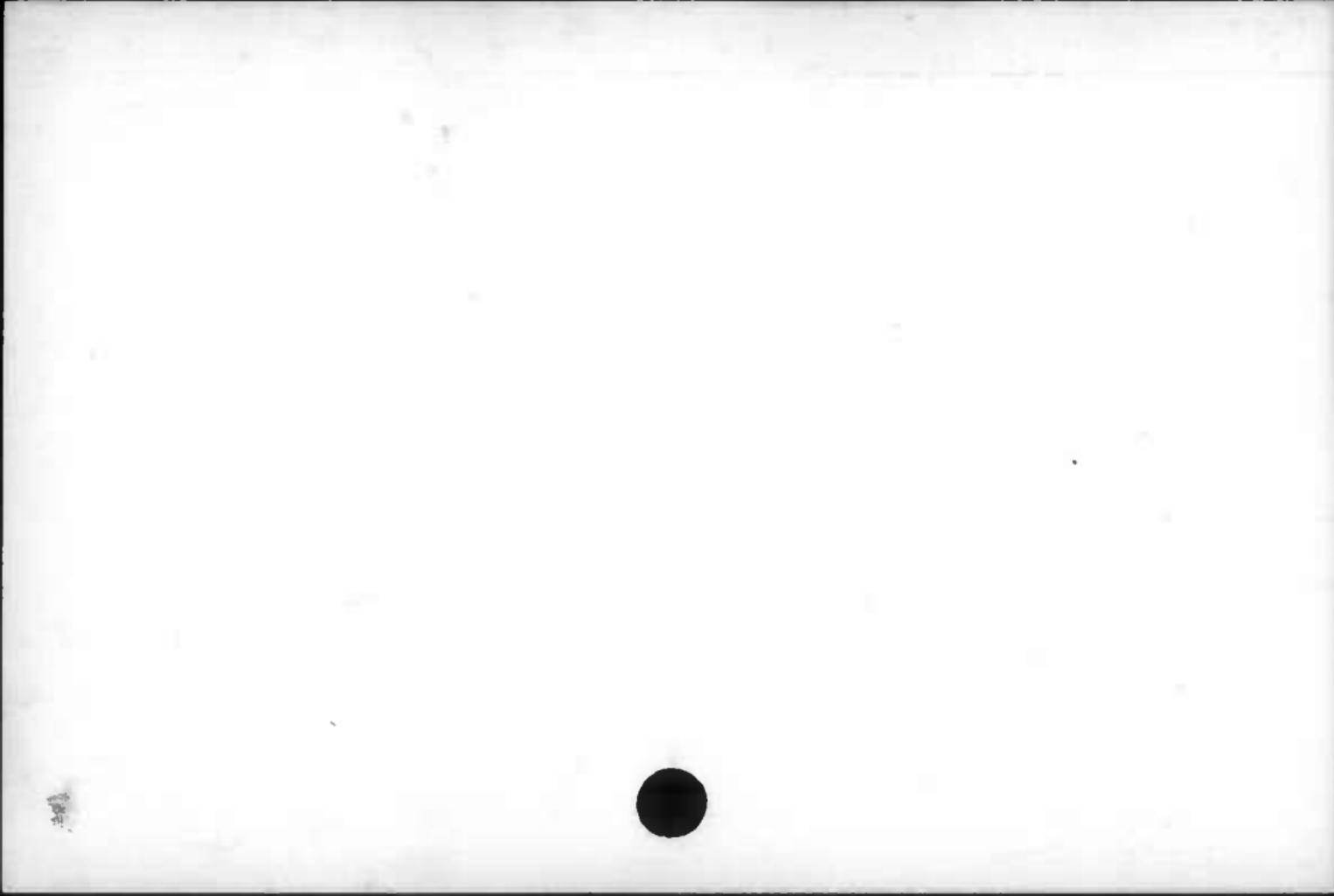
J. W. Simms

Address

Denton, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Ida Jan & K

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at Boulders

Boulders

Date

of death 1909

Month

Sept

Day

26

Years

1

Months

Days

Sex

Female

Color or
Race

Batawian

Birth-
place

Boulders

Occupation

None

Where Residing if not
at place of death

Boulders

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Andrew Jacobs

Father's
Birthplace

Germany

Mother's
Maiden Name

Lattie Schmidt

Mother's
Birthplace

Germany

Name of person giving
Information

Lattie Jacobs

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Cough

8

34hr

Immediate

Bronch. Pneumonia

How long

3 days

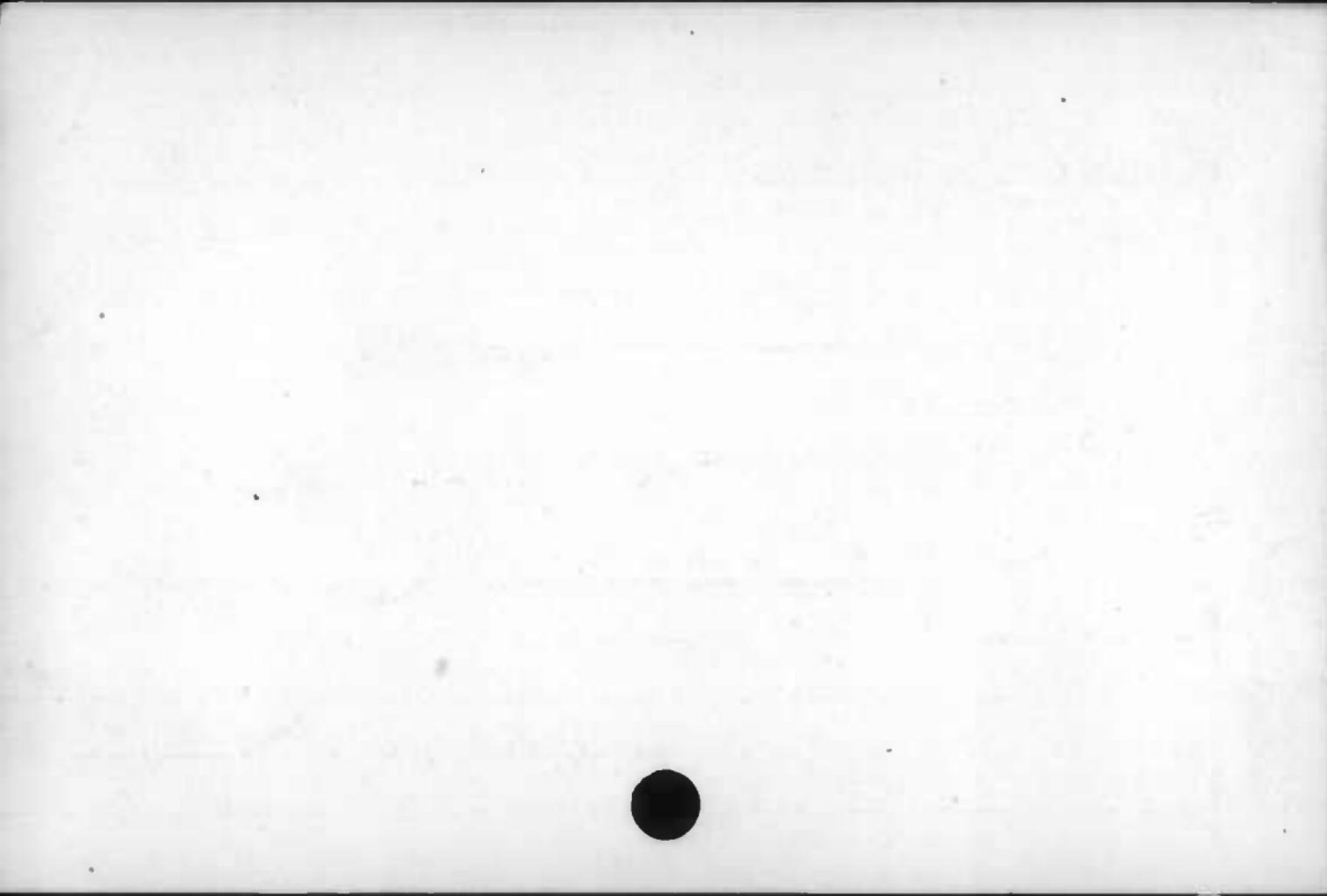
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Raymond Dawson

Preston

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Elizabeth King

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Baltimore		Caroline		
Date of death	Month	Year	Months	Days
1909	Sept	4	1	11
Sex	Color or Race	Age	Birth-place	
Girl	White	2	Md	
Occupation	Where Residing if not at place of death			
Seamstress	721 Union Street			
Married, Single or Widowed	Name of Wife or Husband			
Single	Milton F. King			
Father's Name	Father's Birthplace			
Milton F. King	Pa			
Mother's Maiden Name	Mother's Birthplace			
Annie Buelter	Pa			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

Primary

Whooping Cough

8

How long

Immediate

Bacterial Pneumonia

How long

4 weeks
dead

Are the name, age, sex, color, date and place correctly given above?

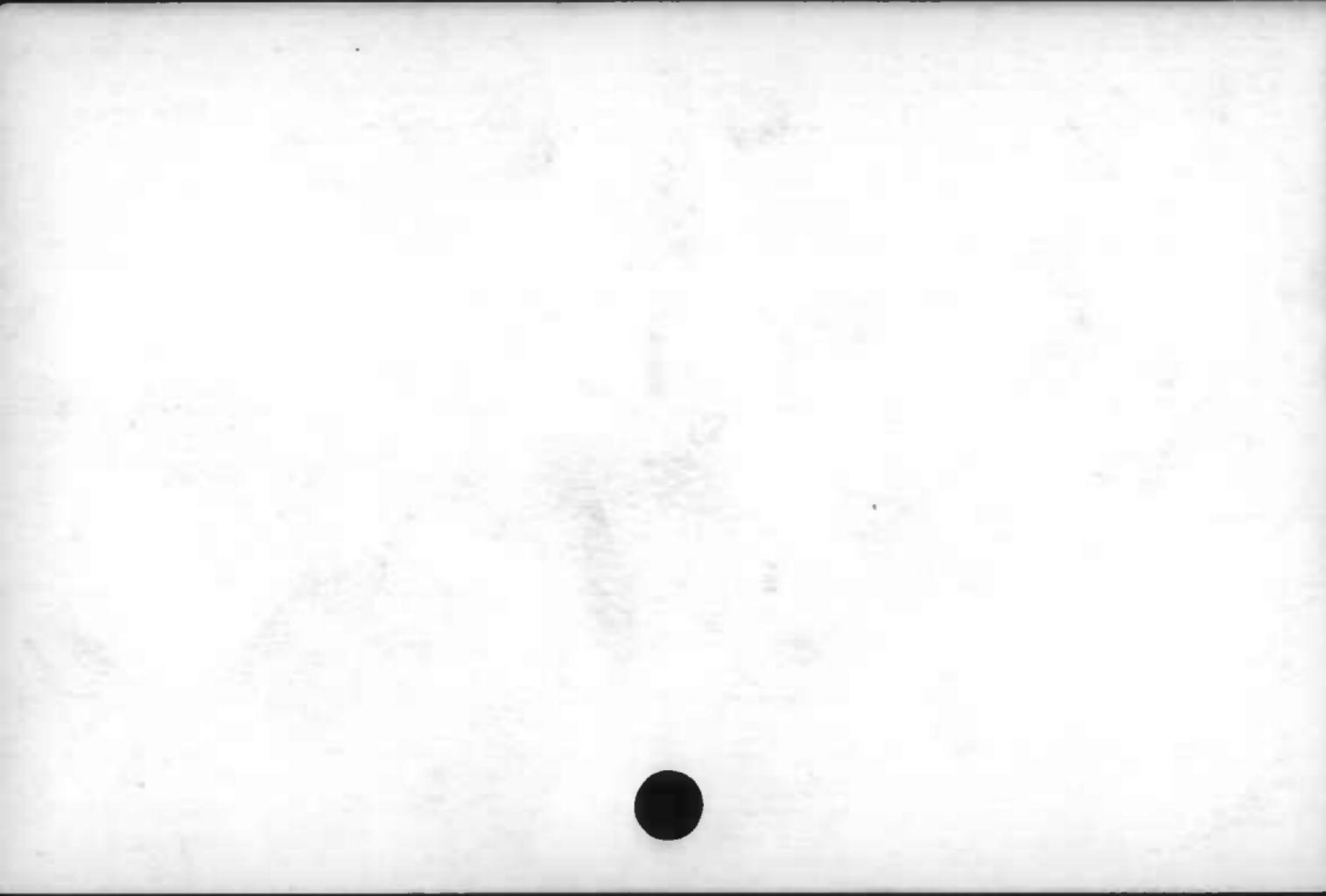
yes

Signature of Physician

Address

J. M. Smith
Doctor M.D.

Accident or Suicide



Name
in
Full

McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Town Newtown Caroline County
Date of death 1909 Month Sept Day 3 Years 15 Months 15 Days
Sex Female Color or Race White Birth-place Md
Occupation Unknown Where Residing if not at place of death Same
Married, Single or Widowed Never Name of Wife or Husband None
Father's Name Walter McCarty Father's Birthplace Md
Mother's Maiden Name Constance Mother's Birthplace Md
Name of person giving information Walter McCarty How related to deceased Father

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Depression

9

How long

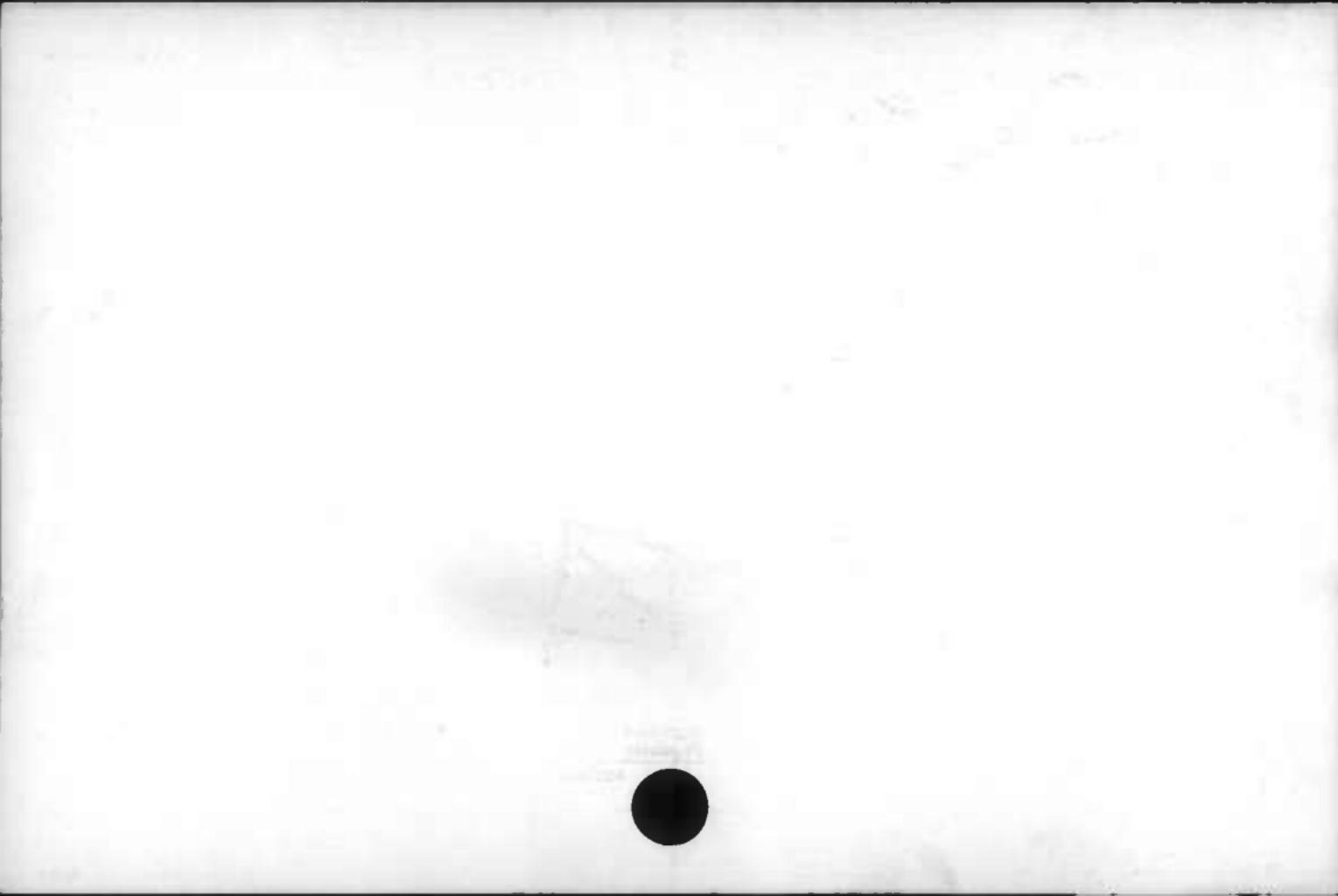
Immediate

Depression - Heart Disease few Years
Edward Dawson
Preston

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

Accident or Suicide



Name
in
Full

Levi B Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Sep	Day 11	Age	Months	Days
Sax	male	Color or Race	white	Birthplace	md	
Occupation	Where Residing if not at place of death					-
Married, Single or Widowed	Name of Wife or Husband					-
Father's Name	L B Morgan					Father's Birthplace
Mother's Maiden Name	Annie M. Pursey					Mother's Birthplace
Name of person giving Information	L B Morgan					How related to deceased

CAUSES OF DEATH

Primary

Premature

151

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. Kemp Jefferson
Federal Building
md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sister Mary Otilia Mueller

Town

Died at
Ridgely

County

Caroline

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month Sept. Day 6th Age 77 Years Months 2 Days 23
Sex Female Color or Race White Birthplace Germany

Occupation

Religious

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Johnn Adam Mueller

Father's
Birthplace

Germany

Mother's
Maiden Name

Eva Kempf

Mother's
Birthplace

Germany

Name of person giving
Information

M. Dolotoffa

How related
to deceased

none

CAUSES OF DEATH

Primary

Sensility

154

How long

Immediate

Electricion

How long

Are the name, age, sex, color, date
and place correctly given above?

YES

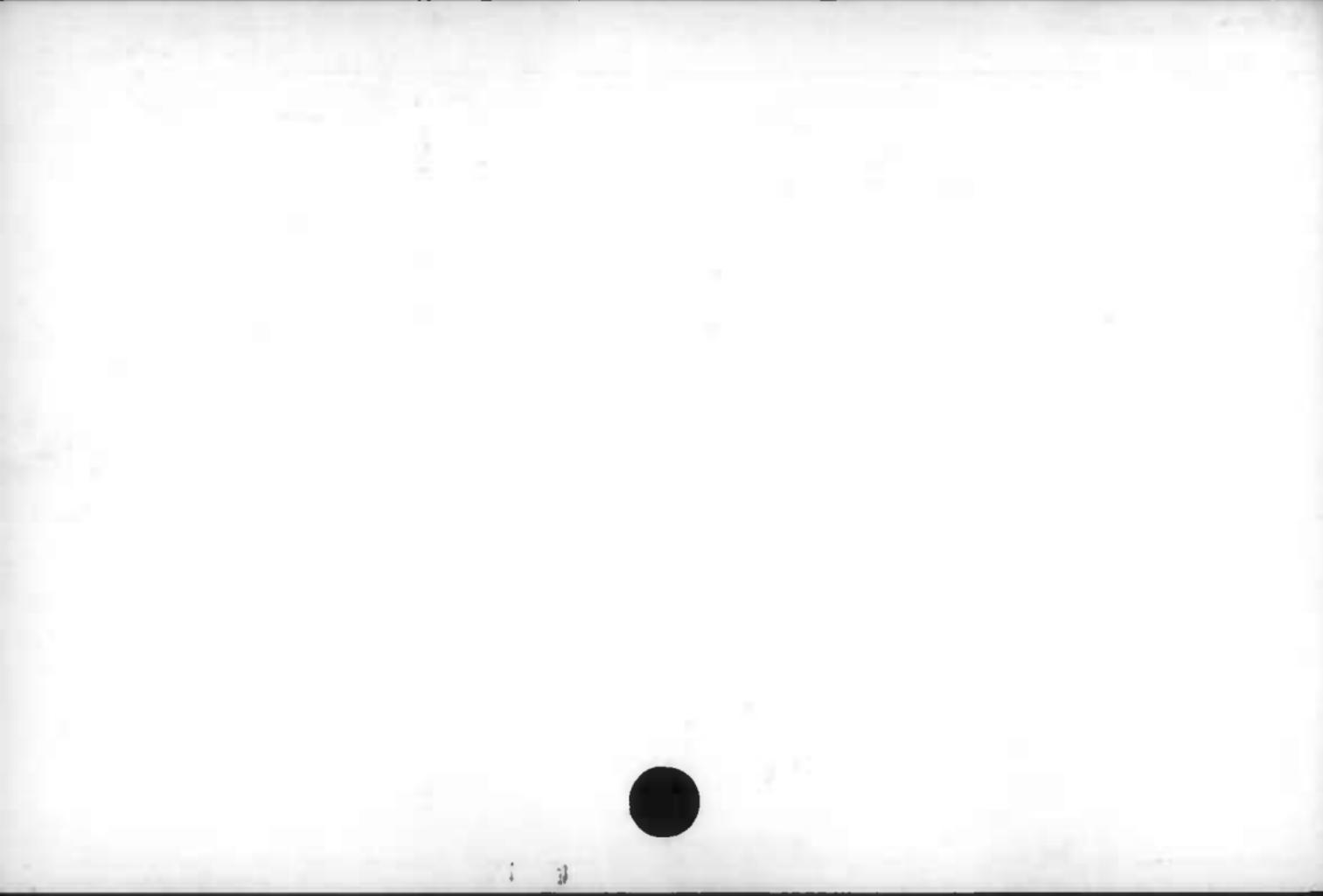
Signature of
Physician

Address

J. J. Sloin, M.D.
Ridgely
Md.

Accident or Suicide

NO



Name
in
Full

Alice Muller,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Federalsburg County Caroline
Diad at 9 Sept. Month 10 Day Age Years 5 mo Months 5 mo Days 5 mo
Date of death 1909 Sex Female Color or Race White
Occupation Housewife. Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Joseph Muller.
Father's Name Joseph Muller. Father's Birthplace Switzerland
Mother's Maiden Name Katherine Scheibling Mother's Birthplace Switzerland
Name of person giving Information Joseph Muller. How related to deceased Father

CAUSES OF DEATH

Primary

Thrombosis.

Immediate

Enteritis

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

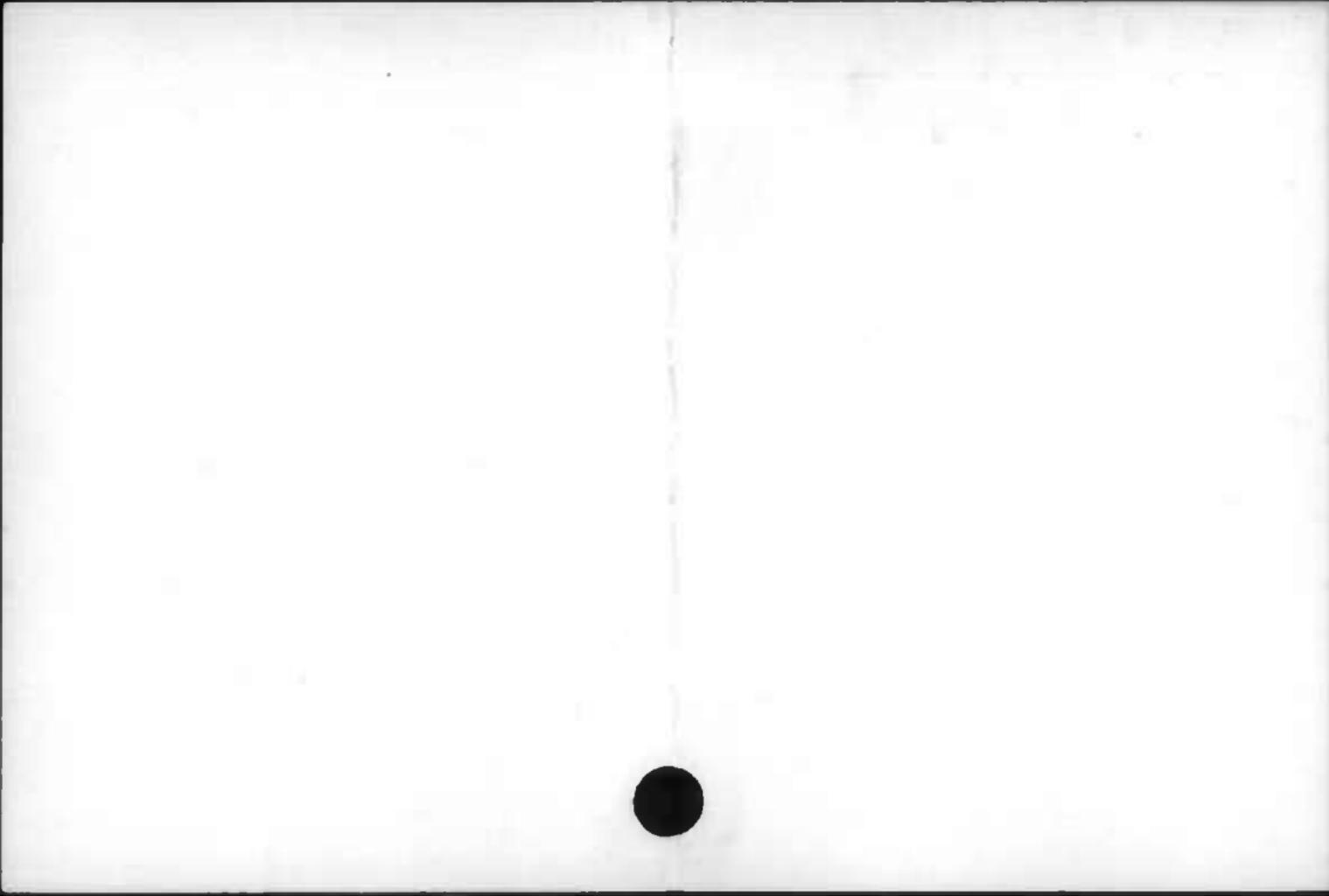
105

How long

6 weeks
3 days.

F. J. Brooks
Federalsburg
Md.

Accident or Suicide



Name
in
Full

Charlotte Ellen Phillips

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Federal City

County

Charlottesville

MARYLAND

Date
of death

190

Month

9

Day

11

Years

60

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

Sussex Co. Del

Occupation

Housewife

Where Residing if not
at place of death

Federal City

Married, Single
or Widowed

Name of Wife or
Husband

John W. Phillips,

Father's
Name

Archibald Sutherland

Father's
Birthplace

Sussex Co. Del

Mother's
Maiden Name

Charlotte Ellen Phillips

Mother's
Birthplace

Sussex Co. Del.

Name of person giving
Information

John W. Phillips

How related
to deceased

Husband

CAUSES OF DEATH

Primary

La Grippe.

10

How long

3 weeks

Immediate

Pneumonia following dementia 4 mos. Immobilized

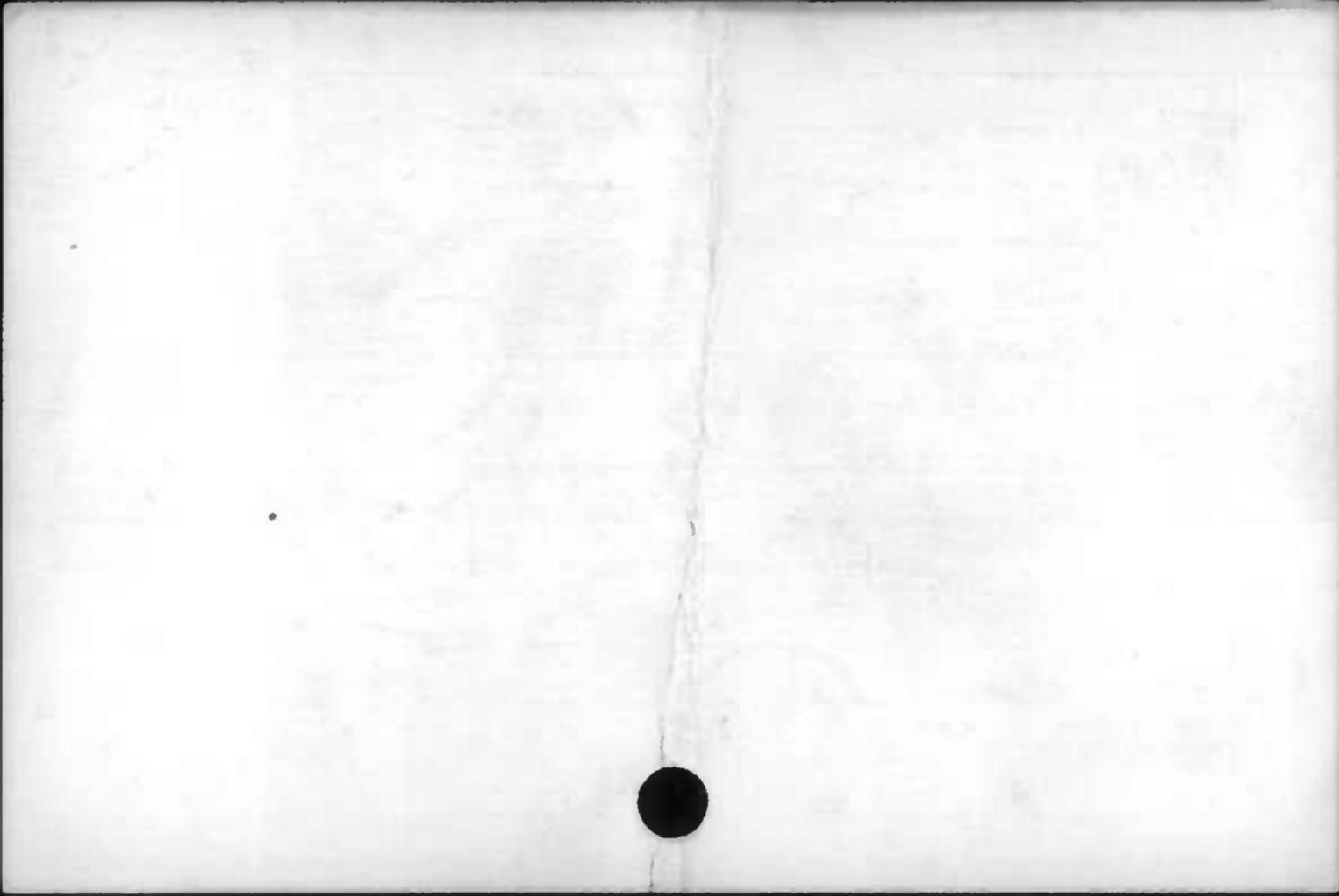
9-1-79
Federal City

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Henry Spencer Prattis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Federalsburg	Caroline				
Date of death	1909	Month Sep	Day 94	Age 80	Months 5	Days
Sex	male	Color or Race	black	Birth-place	md	
Occupation	farmer	Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Rosetta Washington			
Father's Name	Isaac Prattis	Father's Birthplace				
Mother's Maiden Name	Cassie Satterfield	Mother's Birthplace				
Name of person giving Information	Isaac Prattis	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. Kemp Jefferson

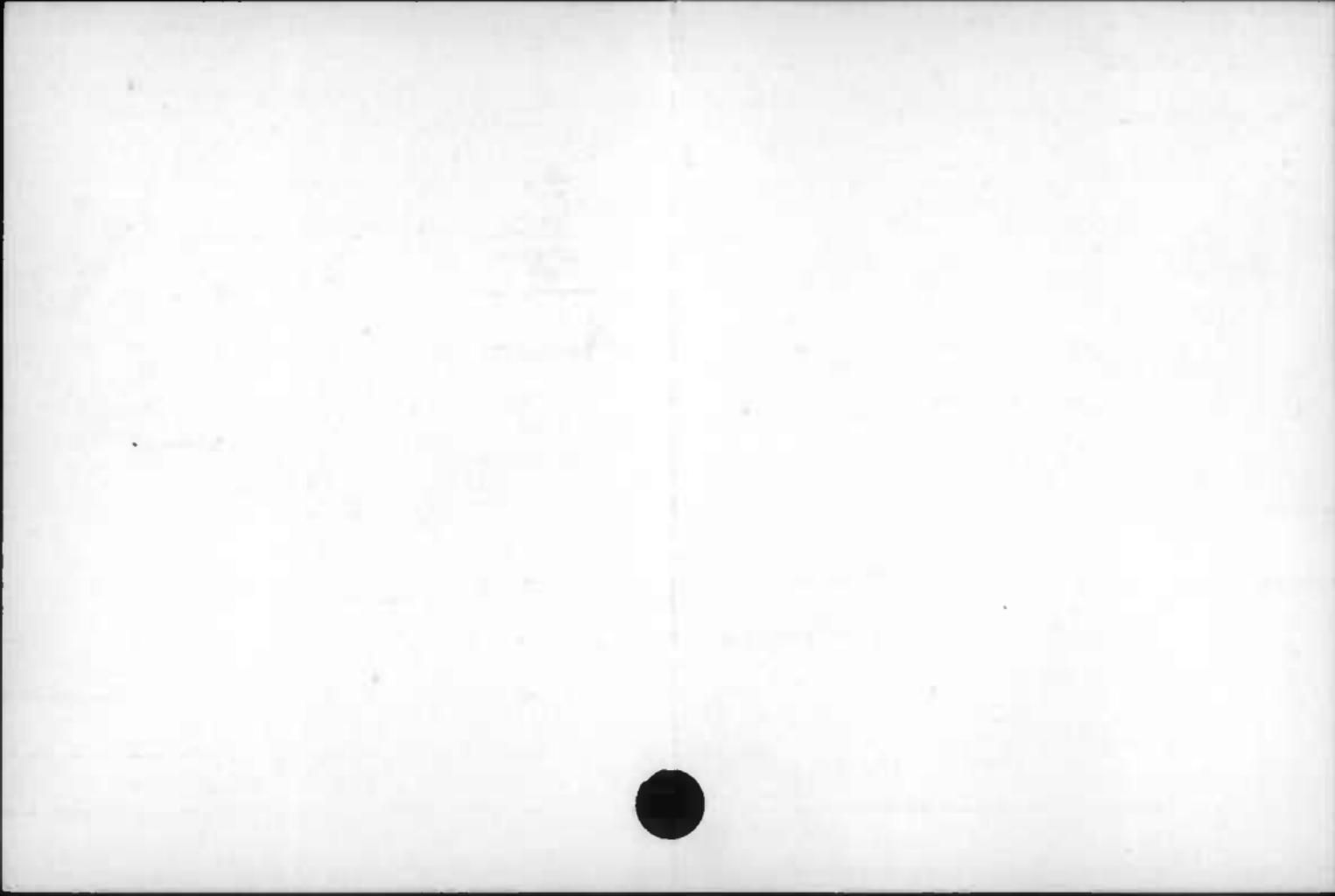
Address

Federalsburg

Accident or Suicide?

no

md



Name
in
Full

John Satterfield +
Marie Dayton Caroline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND
Died in Dayton	Caroline	
Date of death 1909	Month Sept	Day 28
Age 18	Years	Months
Sex Male	Color or Race Black	Days
Occupation Farm labor	Where Residing if not at place of death	
Married, Single or Widowed Single	Name of Wife or Husband	
Father's Name Melvin Smith	Father's Birthplace	Mr
Mother's Maiden Name Bessie Satterfield	Mother's Birthplace	Mr
Name of person giving information Samuel Hutchins	How related to deceased	Brother

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis 8 months

Immediate

Emphysema

How long

8 months

Are the name, age, sex, color, date and place correctly given above?

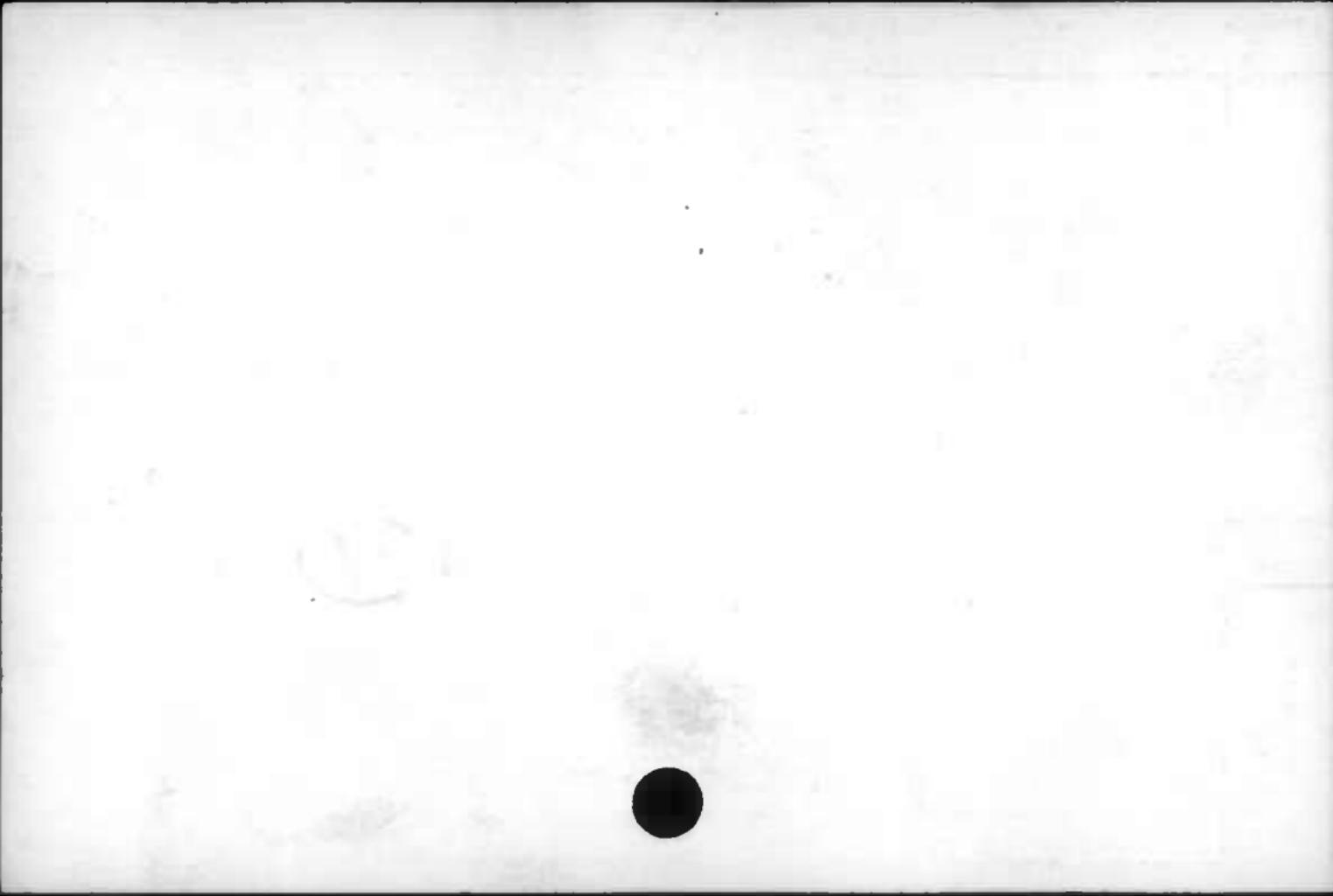
Signature of Physician

Address

Dr. W. B. Koenig, Jr.
Williamsport, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1909

Month

Day

Year

Months

Days

Sept

4

—

14

—

Age

Sex

Color or
Race

black

Birth-
place

Occupation

Female
Child

Where Residing if not
at place of death

2nd

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John Smith

Father's
Birthplace

Mother's
Maiden Name

Lula Sefton

Mother's
Birthplace

Name of person giving
Information

John Smith

How related
to deceased

27

St. Marys.
Circus
Festus

CAUSES OF DEATH

Primary

Pertussas

3 months

Immediate

Pulmonary Embolism

1 month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. B. C. Brown, M.D.

Address

211 S. Main St.
Lillsboro
me

PHYSICIAN
OR CORONER

Accident or Suicide

22

Name
in
Full

Rubieph Borkup

CERTIFICATE OF DEATH

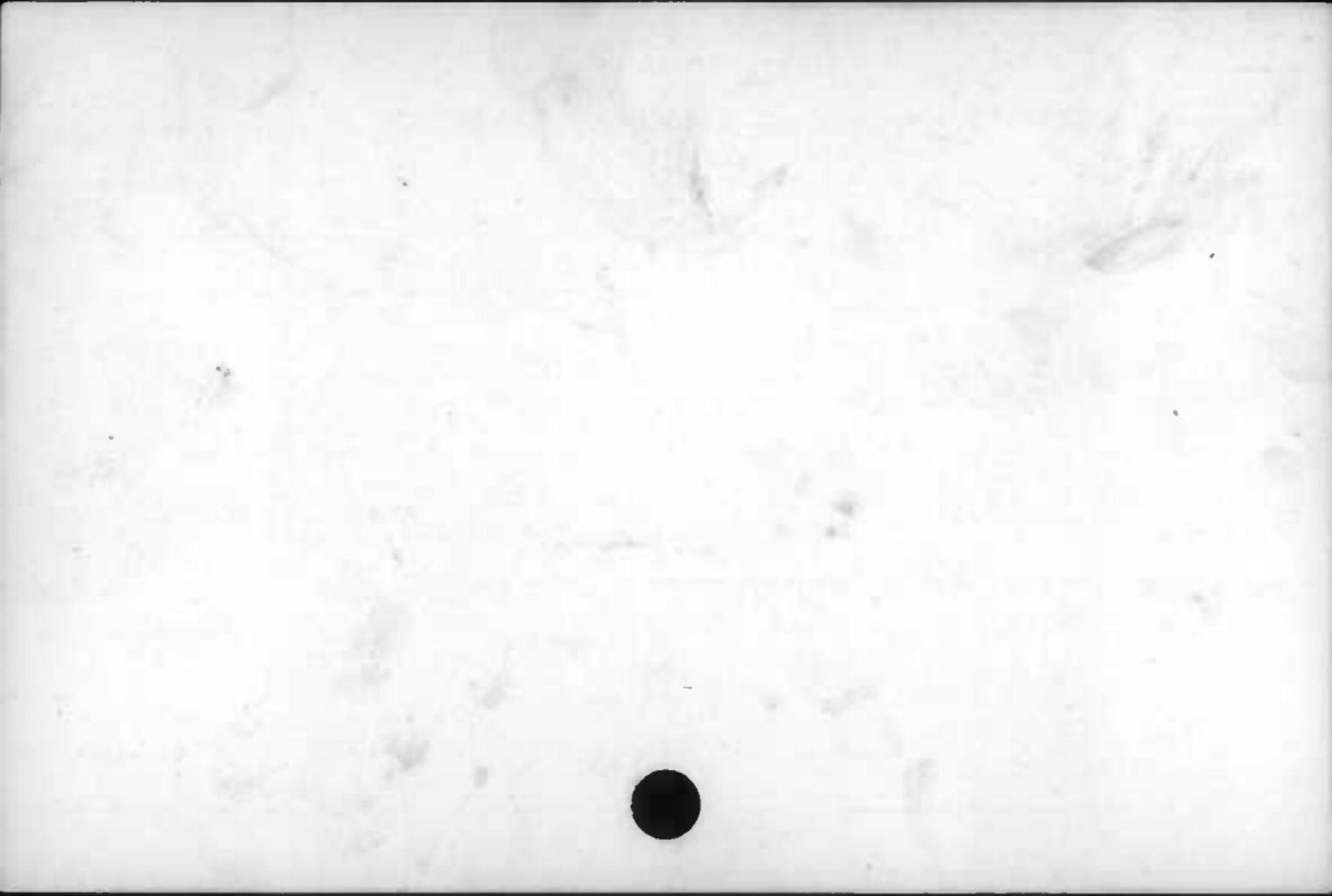
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Preston</u>		Town <u>Preston</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Sept</u>	Day <u>27</u>	Age <u>26</u>	Years <u>26</u>	Months <u>10</u>	Days <u>24</u>	
Sex <u>Male</u>	Color or Race <u>Bohemian</u>			Birth-place <u>Baltimore</u>			
Occupation <u>None</u>			Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>			Father's Birthplace <u>Germany</u>			
Father's Name <u>Bernard Borkup</u>			Mother's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Annie Stupka</u>			Name of person giving information <u>Annie Borkup</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

105

Primary <u>Insultion</u>	How long <u>2 Weeks</u>
Immediate <u>Enteritis</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Raymond Dawes</u>
	Address <u>Preston —</u>
Accident or Suicide?	



Name
in
Full

Elijah Smiford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age 65		Birth-place	MD	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Smiford			
Father's Name	Eli Smiford			Father's Birthplace	MD		
Mother's Maiden Name	Henrietta Smiford			Mother's Birthplace	MD		
Name of person giving Information	Eli Smiford			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure

178

How long

Years

Immediate

Heart Failure

How long

Days

Are the name, age, sex, color, date and place correctly given above?

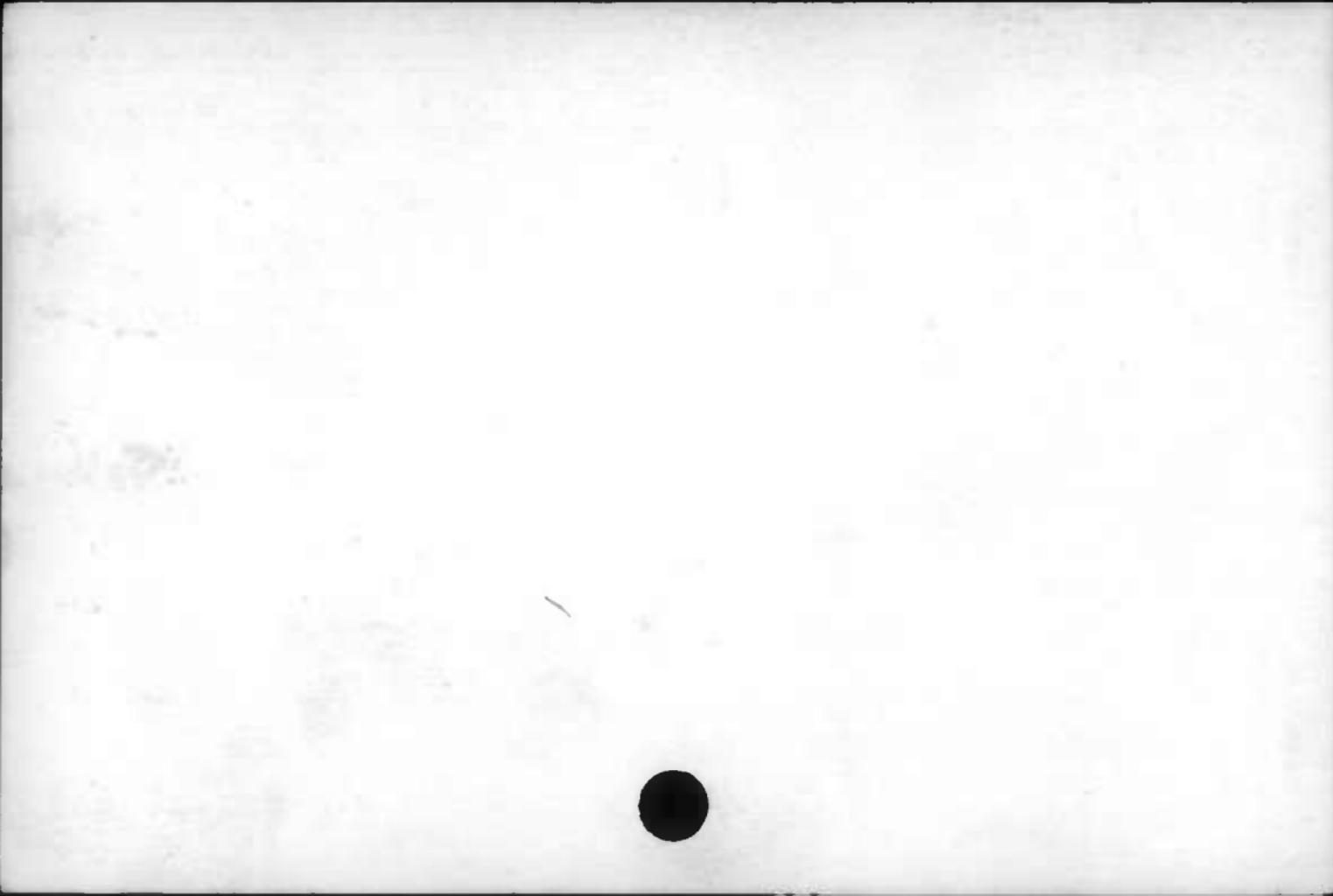
Yes

Signature of Physician

Address

J. Smiford
Dentw MD

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Diad at Ridgely Town Stayer County Caroline MARYLAND
Date of death 1909 Month Sept. Day 18 Years — Months — Days 4
Sex Male Color or Race white Birth-place Ridgely Md.
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name Harry Stayer Father's Birthplace Penn &
Mother's Maiden Name Eda Roger Mother's Birthplace Penn &
Name of person giving Information Harry Stayer How related to deceased Hacker

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ectro

Immediata

Exha

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J. C. Madara

Ridgely Md.

Accident or Suicide

151

How long

4 days

How long

24

Name
in
Full

Melissa Eldora Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Caroline		County	
Diad at	near Ridgely	Month	Day	Years
Date of death	1909	Sept	17	Age 21
Sex	Female	Color of Race	Negro	
Occupation	Housework			
Married, Single or Widowed	Single	Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Alex Warner			
Mother's Maiden Name	Alabala Henry			
Name of person giving Information	Thos. J. Henry -			

MARYLAND

Months 3 Days 14

Birthplace Illd.

Father's Birthplace

Illd.

Mother's Birthplace

Illd.

How related to deceased

Mucle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

D. J. Stover M.D.

Address

Ridgely
Md.

Accident or Suicide

No

①

How long

3 weeks

How long

5 days

5 days

Chas Pritchett

55-